SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

BAYFIETD COUNTY WISCORDS BATERED Date Starnio (Received) AUG 2 1 2014

Permit #: Refund: Date: Amount Paid: 5000 9 8-21-14 T

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN IS

sued until all fees are paid.	
«	Bayfield Co. Zoning Dept.

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☐ (New) Sanitary		Þ	
☐ Municipal/City	☐ Seasonal ☐ 1	Ž,	X New Construction
What Type of Sewer/Sanitary System Is on the property?	es Use # bedrooms	Project # of Stories and/or basement	Value at Time of Completion Provinciude donated time &
-			圏 Non-Shoreland
Distance Structure is from Shoreline	#	☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	₩
structure is from Shoreline fe	ver, Stream (Incl. Intermittent) Distance Structure If yes—continue —	☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes—continue —▶	☐ is Prope Creek or I
<u> </u>	w Hron Rive	ship 47 N, Range 8	7 , Township
No. Block(s) No.	s) CSM Vol & Page Lot(s) No.	Gov't Lot Lot(s)	W/21/4, NW 1/4
03-000-1000	104-034-3-47-08-07-20	ription: (Use Tax Statement)	Legal Description:
Agent Mailing Address (include City/State/Zip):	Agent Phone: Agent Mailing	Authorized Agent: {Person Signing Application on behalf of Owner(s)}	:: {Person Signing A
	one:		
54847	ITYON RIVER, WI	e Rol	Address of Property:
Fron River, WI	194	Swartz	Sw ²
City/State/Zip:	Mailing Address: City/State/i	122 ▼ 0.00 (20 m to mile m to 20 m) ,	Owner's Name:

DIMENSIONS? APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE X

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Owner(s): ______(

Deed All Owners

2

must sign \underline{or} let(erte) of authorization must accompany this application)

Date

Date

23-14

Secretarial Staff

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) acknowledge that I (we) may be a result of Bayfield County relying on this information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property a any reasonable time for the groups of inspection.

Authorized Agent:

Address to send permit

Same

2

20005

Attach

Copy of Tax Statement

f you recently purchased the property send your Recorded Deed ID# 1948

TBA:	Structure Mo plumping & Signature of Inspector: Michael Hundry	7 3 3	toped Meetaal set	ਲ਼ ₩	Granted by Variance (B.O.A.) Case #:	ing Yes (Deed of Record) Yes (Fused/Contiguous Lotts)	Issuance Information (County Use Only) Sanitary Number: Beauth for Denial	(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holdin NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The The local Town, Village, City, State or Federal agencies may also require permits.	other previously surveyed corner or marked by a licensed surveyor at the owner's expense. Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setbone previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the prairies by a licensed surveyor at the owner's expense.	Setback to Privy (Portable, Composting) Arion to the placement or construction of a structure within ten (10) feet of the minimum required.		Setback from the South Lot Line Setback from the West Lot Line Setback from the East Lot Line Setback from the East Lot Line	it-of-Way		bove (prior to continuing) neasured to the closest p		Kange 11=MO House	Carage	Drive way	1		(1) Show Location of: (2) Show / Indicate: (3) Show Location of (*): (4) Show: (5) Show: (6) Show: (6) Show any (*): (7) Show any (*): (7) Show any (*): (8) Driveway and (*) Frontage Road (Name Frontage Road) (8) Show: (9) Well (W); (*) Septic Tank (ST); (*) Drain Field (Drain Field) (1) Show any (*): (1) Show any (*): (2) Show Property (*) Driveway and (*) Frontage Road (Name Frontage Road) (8) Show: (1) Metlands; or (*) Stream/Creek; or (*) Pond (8) Show any (*): (1) Show any (*): (2) Show Property (regardless of what you are applying for))
Hold For Affidavit: Hold For Fees:	Cistures of Structure	Mituated No-Jif No they need to be attached.) Itotor. Mo-water under fi	backs. Lakes	nted by Ow perty Surve	Previously Granted by Variance (B.O.A.) □ Yes ()XNo Case #:	No Mitigation Required Ses Seno Mitigation Attached Ses Seno Seno		ng Tank (e has not e Uniform	1 2 5	Feet settack, the boundary line from which the setback must be measured must be visible from	Feet Setback to Well	Feet Setback from Wetland Feet 20% Slope Area on property Feet Elevation of Floodplain	1 1 1	ent Description	Changes in plans must be approx		Conventional Draine			PN:TS	į	ge Road) F); (*) Holding Tank (HT) and/or
	Date of Approval: 7-14	Date of Re-Inspection: A pressure w	Zoning District $(A-I)$ Lakes Classification (NA)	□ No		Affidavit Required	Sanitary Date:	HT), Privy (P), and Well (W). begun, Dwelling Code.	ick must be measured must be visible from sposed site of the structure, or must be	m one previously surveyed corner to the	200∱ Feet	7 Feet No Feet	N V4 Feet N V4 Feet N V4 Feet	Measurement	red by the Planning & Zoning Dept.	R			->		MEW MEM	(*) Privy (P)

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

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PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

NOV 22 2013

Amount Paid

Refund: 本にな

may be a result of Bayfield of above described page visit of Bayfield in above described page visit of the page visit of	I (we) declare that this applici	Secretarial Staff	B 20 22	Hec d TOT Issuan	Secretarial Staff	Villa Wiunicipal Use	Hec a for issuance	Commercial Use		,,,,	✗ Residential Use			Proposed Use	Existing Structure: (if pe Proposed Construction:	Ď	4 P		, c		□ N	Value at Time of Completion * include donated time & (What	☐ Non-Shoreland	XShoreland → XI		Section 33	1/4,	PROJECT LEE	Authorized Agent: \Person S		Address of Property:	Owner's Name:	TYPE OF PERMIT REQUESTED-	INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.	
County relying on this lyform when yellow the interpretation of the interpretation of the interpretation of the Downers listed on th	FAILURE ation (including any accompation) including any accompation in the stail and accuracy of all info	ff Other: (explain)					\vdash		and the state of t		NAME OF THE PARTY	Residence	1	*	Structure: (If permit being applied for is relevant to it) d Construction:		Property	Run a Business on	Conversion	Addition/Alteration	New Construction	Project lat are you applying for)		Is Property/Land within 1000 feet of	's Property/Land with	, Township	1/4 ぬ	Legal Description: (Use	(Person Signing Application on behalf of Owner(s))		CARRYL	完		II be issued until all fees syfield County Zoning D	, in a second second
formation I (we) am lare) providing in or with this at the purpose of spection. CLUE SSAN Deed All Owners must sign or letter(s) of	TAIN A I formatio	(explain)	(explain) S		Accessory Building Addition/Alteration	12	Mobile Home (manufactured date)	with Attached Garage Bunkhouse w/ (C sanitary, or C sle	with (2 nd) Deck	with (2"") Porch	with a Porch	(i.e. cabin, with Loft	tructure (f		for is relevant to it)		☐ Foundation		☐ 2-Story		X 1-Story	# of Stories and/or basement		Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue	☐ Is Property/Land within 300 feet of River, Stream (Incl. Intermittent)	N, Range W	Gov't Lot Lot(s)	(Use Tax Statement) 04			大, 見, エ	Esenbera 6	LAND USE SANITARY	epartment. NVE BEEN ISSUED TO APPI	
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7. I (we) consent to county	IN WITHOUT A PERMIT the best of my (our) knowl upon by Bayfield County	The state of the s	1501191		(y)	Company and the second		s, or Cooking & food	List description of the state o			www.ninind.dailelin.m.	7	ure				None	3		1	# of bedrooms		Distance Structure	Distance Structure	River	Lot(s) No.	8-33-1 00-1	Agent Maling Addition	Plumbery	VER, Wi	KROQ HAR	CONDITIO	DW DO I FILL OUT THIS	
tion must accompany this application)	WILL RESULT IN PENAL edge and belief it is true, co in determining whether to		Manager of the state of the sta	i managangan a	A CONTRACTOR OF THE PARTY OF TH		This said the said th	ood prep facilities)	19.200.00.00	***************************************	and the state of t		- A LICENSIA		Width:		Compost Toilet None	☐ Portable (w/service c	Sanitary (Exists) Specify Type:	(New) Sanitary	Municipal/City	Wh Sewer/S Is on t		is from Shorelir	is from Shorelin	Lot	Block(s) No. Sub	†	Agent walking Address (include Chylodele/shb).		EH843	HARTIAND WI	ISE X SPECIAL USE	APPLICATION (visit ou	Refund:
	TIES rirect and complete. (we) acknowledge that I (we) sissue a permit. I (we) further accept liability which the permit of t	×	× ×	.	×	××	(x)		X	××	(×	X	X	Dimensions	Height:		+	/ice contract)	Specify Type:	Specify Type:		What Type of Sewer/Sanitary System Is on the property?		le: Yes	*	Lot Size Ac	ion:	Volume 877 P				57	В.О.А	HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/as	3
	cknowledge that I (we) r accept liability which						and advertise							Square Footage					gallon)	Xwell	□ city	Wate		□ Yes	≥	Acreage /.259	16t	rage(s) 256	Attached Yes X-No	Written Authorization	262-624	ell Phone:	OTHER	county.org/zoning/a	;

Stored.

Authorized Agent:

(If you are signing on behalf of the

mer(s) a letter of authorization must accompany this application)

Date

Address to send permit

SOME

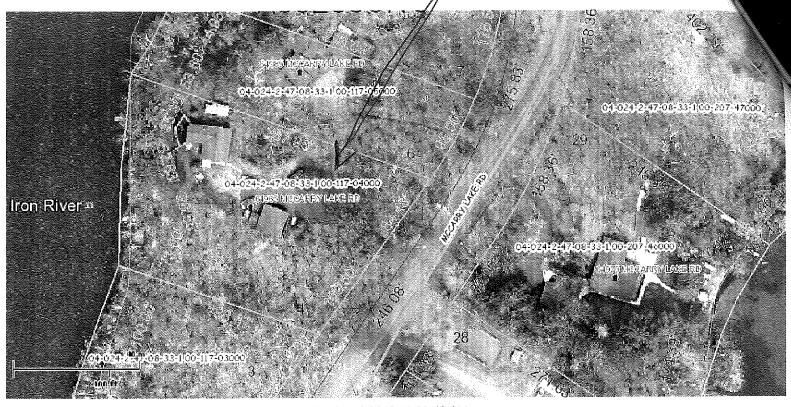
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above

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Signa		Cond	(V 2	Wa	Gran ∏ Ye	Is Pa	Permit #:	lssu: Perm		one pro marked	Prior to	Setba	Setback	Setback	Setb	2	Setback Setback		Ţ		1
Signature of Inspector: ///	see T	Condition(s):Town, Committee	Stucture.	Was Parcel Legally Created Was Proposed Building Site Delineated	Granted by Variance (B.O.A.)	Is Parcel a Sub-Ständard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	it#: /4-0338	Issuance Information (County Use Only) Permit Denied (Date):	(9) Stake or	iviously surveyed corner to the by a licensed surveyor at the control of the cont	the placement or construction reviously surveyed corner or m	Setback to Privy (Portable, Composting)	ack to Septic Tank or	ack from the West Lot Line	Setback from the South Lot Line	ock from the North I o	ack from the Centerlin	Description	Please complete (1) (8) Setback	(6) Show any (*): (7) Show any (*): (*): (*): (*): (*): (*): (*): (*):	(1) Show Lo (2) Show / Ir (3) Show Lo (4) Show:
Chael CHAOID FOR TB!	BA	tee or Board Conditions Attached?	10	¥ Yes ☐ Yes	Case #:	Lot		(County Use Only)	NOTICE: All Land Use Construction Of New (other previously surveyed co owner's expense.	n of a structure within ten (10 harked by a licensed surveyor harkes structure more than ten	Composting)	Holding Tank	Line	t Line	5	from the Centerline of Platted Road from the Established Right-of-Way	otion	complete (1) – (7) above (prior to continuing) (8) Setbacks: (measured to the closest)	y(*): (*) y(*): (*)	Show Location of: Pro Show / Indicate: Nor Show Location of (*): (*) Show: All I
dutale Hold		∏ Yes ☐	_			(Deed of Record) (Fused/Contiguous Lot(s))	Permit Date:	Sanitary Number: Reason for Denial:	Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), a NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code The Iocal Town, Village, City, State or Federal agencies may also require permits.	nex to the precinent or consortation of a stream tent (ab) necessaries many (ab) necessaries the infinite infinite production of the proposed site of the structure, or werifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.	feet of the minimum required at the owner's expense. (10) feet but less than thirty (2)	100						Measurement	ା ଓ	(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%	Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property All Existing Structures on Your Property
Hold For Affidavit:		No -(If No they				No No	9.17.		Year from thing: ALL No. State or Fe	tment by use o	setback, the b	Feet	Feet	Feet	Feet	5	Feet	Ī	AN (1997)	s over 20:	itage Road
		need to be		Were Property Lines	Previously Granted by Variance ☐ Yes KNo	Mitigation Required Mitigation Attached	19	14-885	Septic Tank (ST), Drai the Date of Issuance if funicipalities Are Requesteral agencies may al	of a corrected compass from a	oundary line from which the setback must be		Setback to Well	Elevation of Floodplain	Setback from Wetland	Setback from the	Setback from the Lake (ordinary Setback from the River, Stream,		Chai	k; or (*) Pond %	(Name Frontage Ro
Hold For Fees:		attached.)		s Represented by Owner Was Property Surveyed	(B.O.A.)	□Yes ZNo □Yes Mo		# of bedrooms:	n field (DF), Holding in Field (DF), Holding in Use holding ired To Enforce The Use or require permits.	, the boundary line from which known corner within 500 fee	setback must be measured mi			plain Plain	land	Setback from the Bank or Bluff	Lake (ordinary high-water River, Stream, Creek	Description	nges in plans must be	noung faik (n.) o	ad)
Date of Approval:		pare of we hadecoor.	Zoning District () Lakes Classification (#	Affidavit Required Affidavit Attached		Sanitary Date:	[ank (HT), Privy (P), and Well (W), as not begun, niform Dwelling Code.	t of the proposed site of the si	must be visible from one previou		-				vater mark)		Changes in plans must be approved by the Planning & Zoning Dept.	HIG/OF () FINY (F)	
E/-13		ecdon.	。 で で で		#	□ Yes			and Well (M	tructure, or mu	previously surveyed corner to the		10	秋 年	NA	Ž/	25.3	Measurement	ning & Zoni		
				□ □ No		ANO No).	ist be	orner to the		Feet	Feet	Feet	Feet	Feet	1ent	ng Dept.		<

Esenberg Property



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previous owners Joe & Susan Lindzius
715-372-6309

Mc Cary Lake Cabin

How a livense for

Nourist Rental, nothing in

our database allowing Short Term

Bental

9-19-13 called - will send app this week